

Constipation/Retentive Soiling

BACKGROUND

- Chronic constipation with fecal incontinence is commonly seen by general practitioners
- It affects up to 30% of children
- It accounts for 3-5% of referrals to secondary care
- Stool softeners are often required for up to 12 months and are safe
- Rectal therapies are strongly discouraged
- Pitfalls of treatment include inadequate clear out, early cessation of medication and poor compliance

DEFINITIONS

Chronic Constipation

- Two or more of the following in the past 8 weeks:
 - < 3 bowel movements per week
 - > 1 episode of fecal incontinence per week
 - Large stool in rectum
 - Passing of stool that obstructs the toilet
 - Retentive posturing with withholding behaviours
 - Pain on defecation

Fecal Incontinence

- The passage of stool in an inappropriate place

HISTORY

- Frequency of defecation
- Consistency of stool
- Soiling or incontinence
- Bleeding per rectum
- Treatments tried
- Effects on child and family

EXAMINATION

- Centiles
- Palpate abdomen for masses
- Inspect perianal area for anal fissure
- Examine back and spine for spina bifida
- Ankle jerks

INVESTIGATIONS

- Plain X-ray and Barium Enema are not routinely recommended
- Bloods for TFTs/Coeliac/Ca2+ are not routinely recommended if no red flags
- Compare stool to Bristol Stool Chart

TREATMENT

- Ensure adequate fluid and fibre intake
- Trial of elimination of cow's milk for 2-4 weeks can be trialed if history fits with increase in dairy intake.
- Maintain normal physical activity
- Post-meal sits for 5-10 minutes
- Maintenance treatment with Movicol to achieve soft daily stools with "toothpaste consistency"
- Lactulose or stimulants can be added
- Movicol disimpaction are higher doses (Refer to CHI Formulary)

TAKE HOME MESSAGES

- Constipation can and should be managed in primary care
- It is a marathon, not a sprint
- Movicol (PEG 3350) is the preferred medication
- Very few require investigation or referral

REFERRAL

- Delayed passage of meconium > 24 hours
- Failure to thrive
- Indolent constipation from birth
- Abdominal distension/ vomiting
- Perianal abnormalities (large tags, fissures)
- Features of inflammatory bowel disease
- Abnormal neurological exam
- Spinal abnormalities

FIBRE-RICH FOODS

- Wholegrain cereals and bread
- Brown pasta/rice
- Vegetables e.g. beans, sweet corn, peas
- Lentils
- Fruits e.g. berries, passion fruit, kiwi

STOOL SOFTENERS

- PEG 3350 (Movicol Paediatric) is first line and once activated in water may be mixed with a cold drink
- Increased dose used to achieve disimpaction
- Lactulose 2.5-20ml BD twice daily is an alternative

STIMULANTS

- Are recommended as a second line only to stool softeners.

BOWEL FITNESS TRAINING

- Regular sits for 5-10 minutes after meals
- Should be continued for at least 6 months

MEDICATION DOSES

- Refer to CHI Formulary
<http://www.mobanode.mobi/formulary/desktop/viewDrug.php?i=279>

REFERENCES:

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3. Evaluation and treatment of functional constipation in infants and children: evidence-based recommendations from ESPGHAN and NASPGHAN. February 2014.
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